Anesthesia of side of face and head was present. Temperature sense (heat and cold) were lost over the whole left arm and half the thorax to sternum and the middle line of the spine. Loss of pain sense was identical with thermo-anesthesia. Very little muscular wasting was present. The case was evidently a typical sensory dissociation characteristic of syringomyelia, also trophic changes of the tissue underlying the epidermis. The cause was probably the traumatism causing a hemorrhagic focus, developing into a gliosis or cavity of the spinal cord. Trophic disturbance in syringomyelia of the nature of edematous swelling of paralyzed limbs are not rare. A hard edema due to hyperplastic process in the subcutaneous tissue was described by Marinesco under the name "main succulente." The vasomotor and trophic centers for the bones and integument are situated in the gray matter of the posterior cornua, about the eighth cervical.

NOYES (New York).

DO OUR PRESENT WAYS OF LIVING TEND TO THE INCREASE OF CERTAIN FORMS OF NERVOUS AND MENTAL DISORDCR? Charles E. Atwood (New York Medical Journal, June 13, 1903).

Insanity is increasing slightly, especially degenerative types. Neurasthenia is increasing. This increase is found mostly in the immigrant population, 75 per cent of the insane of the State and 80 per cent of the cases of neurasthenia at the Vanderbilt Clinic being either foreign born or of foreign parentage.

Our present methods of living entail an increased mental strain, the number of sensory impressions and variety of ideas forced upon us by our increasing interests permit scarcely time for the reception of impressions, and no time for their proper assimilation. Emotional stresses, e.g., those caused by sudden and great reverses of fortune; profound impressions induced by fanatical doctrines, impressions induced by certain lurid daily newspaper are deleterious to the neurotic. Over indulgence in eating and drinking tends to arterial sclerosis. Tendency to auto-infection is assisted by irregular living, and auto-infection is a recognized cause of certain forms of insanity and certain neuroses. The immigrant suffers the most on account of competition with a superior race, deficient alimentation and resultant enemia, other concomitants of poverty, and faulty hygienic conditions. The consumption of alcohol per capita in this country has increased, and our women are drinking more and more each year. This has a tendency to establish a faulty heredity and induce a strong predisposition to nervous disorders.

AUTHOR'S ABSTRACT.

BRACHIAL PARALYSIS—POST NARCOTIC. F. J. Cotton and S. W. Allen (Boston Medical Journal, May 7, 1903).

The writers report four cases of post-anesthetic paralysis, and collect thirty from general literature. The patient is anesthetical with the arms drawn up over the head, and after recovery one or both arms are found paralyzed. There is little or no pain and slight sensory disturbance. The muscles of the shoulder and arms are affected in a varying degree—sometimes all are involved; sometimes the shoulder is spared, and the hand and arm muscles are alone affected. In a few days there is beginning of return of function, more usually in the hand, then a slower return of power in the extensors to the deltoid and to the rotators of the shoulder. As the function returns many of the cases present a paralysis approximately of the "Erb" type (deltoid, biceps, brachialis anticus and supinator longus). In a very few cases there is involvement of the sympathetic root communicating with the first dorsal root, signified by pupillary and other ocular changes. Later, soreness of the nerve trunks and of the muscles may appear. Reflexes are usually normal. Electrical tests rarely show a partial reaction of degeneration; usual reactions are normal. There are three possible mechanisms by which these paralyses may occur: (1) Pressure on the plexus, (a) exerted between the clavicle and transverse processes of the vertebræ, and (b) between the clavicle and the first rib; (2) tension on the roots or plexus from the position of the arm; (3) tension from position of the head or neck, the arm being abducted.

NOYES, New York.

IMPERATIVE CONCEPTIONS. L. Harrison Mettler (Medical Record, April 4, 1903).

Imperative conceptions or ideas are those involuntary, unrelated persistent notions that spring up in the minds of many victims of nervous disease. Though found in many states of mental and physical debility, they belong essentially and entirely to the psychoses. A sharp distinction should be made between the imperative conceptions of the sane and the insane. In the sane the person's judgment remains unaltered; he tries to resist them and often succeeds. The imperative conceptions of the insane become for the time being the patient's very ego. The insane delusion is deeper and more influential than the imperative conception, entering into the constitution of his ego, and coloring and outlining his objective world. The so-called imperative idea, on the other hand, is recognized by the patient to be a mere subjective phenomenon, annoying and persistent though it may be. It may involve all the faculties of the mind, not alone the imagination, but there are usually no distinct hallucinations or delusions with these impulsive conceptions. Insane delusions are, primarily, the result of a diseased cortex; imperative conceptions are the result generally of disease outside the brain.

NOYES (New York).

NEURITIS FROM WHOOPING COUGH. Charles E. Aldrich (N. Y. Medical Journal, June 6, 1903).

Neuritis may attend or follow any of the acute infections, especially those characterized by prolonged high fever, marked disturbance of nutrition and great prostration. The author reports a case of a child aged four, who, after whooping-cough, developed weakness, pain in the legs, weakness of grasp of hands, nasal speech and regurgitation of fluids from the nose, diminution of knee jerks and loss of touch and pain sense in the hands and feet. Recovery came after twelve weeks. Various forms of paralysis have been observed to complicate or follow whooping-cough. Literature proves that it is rare. Sixty-two cases reported were cerebral in origin. Several cases of general peripheral neuritis were collected from literature.

W. B. NOYES, New York.

DEVELOPMENT AND CARE OF CHILDREN. J. C. Cook (Journal of the American Medical Association, June 6, 1903).

The changes in the nervous system from birth to maturity afford us many examples of the differences between the child and adult. At birth the central nervous system, as well as the peripheral, is almost entirely unmedullated. Hence we find the fibers of the spinal cord, the medulla, corpus quadrigeminus and the pons varolii mainly somatic. The motor nerves receive their attachments much earlier than the inhibitory centers are developed, hence the objectless movement that characterizes the unmeasured exercise of the young. Thus maturity is gradual, and full growth is only reached between puberty and adult life. It is our duty to guard and conserve every atom of energy through this period of unfolding and budding life, realizing that they are bundles of possibilities unsolidified, which begin at the beginning and end we know not where. The study of biology teaches that the higher the organism, the slower the development, hence the necessity of a long period of protection and care. Take with this the long periods of stress and functional demands on the nervous system and